FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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	Check this box if no longer subject to
١	Section 16. Form 4 or Form 5
J	obligations may continue. See
	Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Rekow E Dianne					2. Issuer Name and Ticker or Trading Symbol HENRY SCHEIN INC [HSIC]								(Che	elationship o ck all applic	able) `	g Perso	on(s) to Issu	
	Last) (First) (Middle) C/O HENRY SCHEIN, INC. 135 DURYEA ROAD								ction (Mo				Officer (give title Other (speedow) below)				specify	
(Street) MELVILLE NY 11747					4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State	e) (Zi	p)															
		Table	e I - Nor	n-Deriv	ative	Secu	ırities	Acq	uired,	Dis	osed of	, or Ben	eficially	/ Owned				
Date					Day/Year) Execution			Deemed cution Date, ny nth/Day/Year)		Transaction Disposed Of (D) Code (Instr. 5)		es Acquired (A) or Of (D) (Instr. 3, 4 and		5. Amour Securitie Beneficia Owned F	s ally ollowing	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
							Code	v	Amount	(A) or (D) Pric		Transact (Instr. 3 a	ction(s)			(Instr. 4)		
Common Stock, par value \$0.01 per share												3,0	3,087		D			
		Та									sed of, onvertib			Owned				
1. Title of Derivative Security (Instr. 3)	of 2. 3. Transaction SA. Deemed Execution Date, or Exercise (Month/Day/Year) if any		n Date,	4. Transaction Code (Instr 8)		on of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares					
Deferred Compensation Plan Phantom Stock	(1)	12/31/2015			A		91 ⁽²⁾		(3)		(3)	Common Stock, par value \$0.01 per share	91	\$0.00	753 ⁽⁴	4)	D	

Explanation of Responses:

- $1. \ Each \ share \ of \ phantom \ stock \ is \ the \ economic \ equivalent \ of \ one \ share \ of \ the \ Issuer's \ common \ stock.$
- 2. Represents the number of shares of phantom stock credited to the reporting person's phantom stock account pursuant to the Issuer's Non-Employee Director Deferred Compensation Plan (the "Plan"), representing an exempt transaction under the Plan. The number of shares of phantom stock credited to the reporting person's phantom stock account is determined by dividing the amount of deferred eligible director fees by the closing price of a share of Issuer common stock on the award date.
- 3. The balance in the reporting person's phantom stock account is distributed to the reporting person in Issuer common stock following the termination of the reporting person's directorship, the reporting person's death or disability or a change of control of the Issuer.
- 4. Represents the aggregate number of shares of phantom stock allocated to the reporting person under the Plan as of the award date based on the closing price of a share of the Issuer's common stock on the award date.

Remarks:

/s/ Jennifer Ferrero (as
Attorney-in-Fact for E. Dianne 01/04/2016
Rekow)

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.